CERTIFICATION OF QUALIFIED PRODUCTS		
Please complete this form to confirm that your product is still available and acceptable for Department of Defense usage. After completion, mail the form to:		
1. COMPANY DATA		
a. NAME	b. MAILING ADDRESS (Street, City, State and ZI	P. Code)
	b. MAILING ADDICESS (Street, Oily, State and El	r Code)
2. QUALIFIED PRODUCTS LIST		
3. THE UNDERSIGNED HEREBY CERTIFIES TO THE FOL	LOWING STATEMENTS EXCEPT AS MODIFIED	UNDER REMARKS.
a. Listed product(s) is (are) still manufactured a	at the plant(s) address(es) shown above.	
b. Plant(s) is (are) under same management.		
 Product(s) is (are) being manufactured under the same conditions as originally qualified, i.e., same process, materials, construction, design and manufacturer's designation. 		
d. Product(s) will meet the requirements and te	sts of latest effective issue of Specification	n.
e. Company name and address(es) are current.		
4. REMARKS		
5. CERTIFIER		
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)	b. TITLE	
c. SIGNATURE	I	d. DATE SIGNED (YYYYMMDD)